

JUL 19 2006

Atty Docket No. 025991-001000U.

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Kandasamy Thangavelu

Group Art Unit 2123

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER KANDASAMY THANGAVELU**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Sivaram Krishnan, Application No. 09/888,189, filed June 21, 2001 for VARIABLE ACCURACY MODES IN MICROPROCESSOR SIMULATION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. SB/21 Transmittal Form (1 page)
2. SB/22 Extension of Time (in duplicate) (2 pages)
3. Amendment (7 pages)

Number of pages being transmitted, including this page: 11

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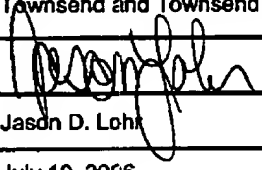
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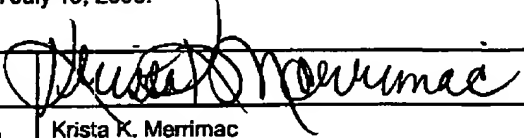
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/888,189	
	Filing Date	June 21, 2001	
	First Named Inventor	Krishnan, Sivaram	
	Art Unit	2123	
	Examiner Name	Kandasamy Thangavelu	
Total Number of Pages in This Submission	11	Attorney Docket Number	025991-001000US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmittal
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